FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

850 NORTH LIMA ROAD

KENDALLVILLE IN 46755-1155

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

850 NORTH LIMA ROAD

KENDALLVILLE IN 48755



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600000468 (6)

BLUFFTON VIDEO CONNECTION, INC.

2. Principal Place of Business 2a, Mailing Address 4. FET Number 35-1767191 No. Applied No. Applied No. Applied Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. S. Certificate of Status Desired \$8.75 Additional San Address S. Certificate of Status Desired \$8.75 Additional San Address of Current Registered Agent San Address San Add							3. Date Incorporated or Qualified 3a. Date of Last Report					
21								01/29/1996				
Suite. Apt. #, etc 27 City & State City &	 1	acc of Business		7							plied For t Applicable	
City & State City		#, etc								\$8.75 A	dditional	
City & State City & State City	22		27					5. Certificate of Status Desired		Fee Re	quired	
Zip Country Zip Country Zip Country Sip Signature of Registered Agent To Name and Address of Current Registered Agent To Name and Address of New Registere		3	City	City & State				6. Election Campaign Financing		\$5.00	May Be	
21	23		28					Trust Fund Contribution		Added t	o Fees	
9. Name and Address of Current Registered Agent HENDERSON, ROBERT P ESQ. 1619 JACKSON ST. FT. MYERS FL 33902 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Floridal Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Floridal Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Floridal Statutes. SIGNATURE Signature		Country	Zip		Coun	itry					199.032,	
HENDERSON, ROBERT P ESQ. 1619 JACKSON ST. FT. MYERS FL 33902 111. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature bytent or prefet name of registered agent and with it applicable (#ODE Registered Agent) signature received when revisiting) DATE CST	24		30									
HENDERSON, HUBERT P ESU. 1619 JACKSON ST. FT. MYERS FL 33902 82 Stroet Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 83 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 87 City FL 85 Zip Code 88 Zip Code 88 88 Zip Code 89 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 81 Zip Code 82 Stroet Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 86 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 81 Zip Code 81 Zip Code 82 Stroet Address (P.O. Box Number is Not Acceptable) 85 Zip Code 86 Zip Code 86 Zip Code 86 Zip Code 86 Zip Code 87 Zip Code 86 Zip Code 86 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 81 Zip Code 82 Zip Code 83 Zip Code 84 City Statement for the purpose of changing its reg 95 Zip Code 96 Zip Code 97 Zip Code			t Registered	Agent		201		10. Name and Address of New Re	gistered Age	∌nt	·····	
## City ## Cit						81 Name	‡					
B3 B4 City FL B5 Zip Code	1619 JACKSON ST.					82 Street Address (P.O. Box Number is Not Acceptable)						
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14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under of Lam an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or on an attachment with an officers.	14. I do hereb informatio I am an o	in indicated on this annual report or s flicer or director of the corporation of	supplemental r the receiver	annual report is or trustee empor	true and a wered to e:	courate and	ad that m	iv signature shall have the same leg.	al effect as it.	mage und	der oain: thai	

RIGNATURE: A MANAGE

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Feb 18 1997 8:00am

Secretary of State